

04-18-05

IPW  
\$

Doc. No. 340691 WEMHH/SB/21 (6/04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/649,486
Filing Date	August 27, 2003
First Named Inventor	Shaun Michael Copley
Art Unit	2632
Examiner Name	Tai T. Nguyen
Attorney Docket Number	5631-9

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached (PTO Credit Card Payment Form)<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawings<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) <input type="text"/> | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard<br>Copy of Non-Patent References & Search Report |
|---|---|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or individual name	Charles P. Schmal, Reg. No. 45,082 Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	April 15, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee"

Mailing Label No. EV 394103818 US

Typed or printed name	Charles P. Schmal		
Signature		Date	April 15, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# **FREE TRANSMITTAL** **FOR FY 2005**

APR 15 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27

Filing Fee of Payment (\$ 755.00)

## **Complete if Known**

Application Number	10/649,486
Filing Date	August 27, 2003
First Named Inventor	Shaun Michael Copley
Group Art Unit	2632
Examiner Name	Tai T. Nguyen
Attorney Docket Number	5631-9

### **METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account: Deposit Account Number 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### **FEE CALCULATION:**

#### **1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

\_\_\_\_\_-20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **Fee (\$)**      **Fee Paid (\$)**

(HP = highest number of total claims paid for, if greater than 20)

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_-3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
(HP = highest number of independent claims paid for, if greater than 3)

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

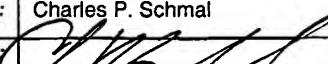
\_\_\_\_\_/50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**      **Fee Paid (\$)**

Non-English Specification. \$130 fee (no small entity discount)

Other: Statutory Disclaimer (\$65), Information Disclosure Statement (\$180), Petition for Extension of Time (\$510)      755.00

### **SUBMITTED BY:**

<b>Name (Print/Type):</b>	Charles P. Schmal	<b>Registration No.:</b>	45,082	<b>Telephone:</b>	(317)634-3456
<b>Signature:</b>		<b>(Attorney/Agent)</b>		<b>Date:</b>	April 15, 2005

### **CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or via Express Mail Label No.: EV 394103818 US on the date indicated.

**Name (Print/Type)** Charles P. Schmal  
**Signature**  **Date** April 15, 2005